D 2.15/3:
1/4

VOL. 1, NO. 4/OCTOBER 1978

COMMAND

MAGAZINE

DRUG ABUSE AND CONTROL

DRUG ABUSE AND CONTROL IN THE ARMED FORCES

LIBRARY
SEP 26 1978
UNIVERSITY OF DELAWARE
NEWARK, DELAWARE

By Charles W. Duncan, Jr. Deputy Secretary of Defense

Drug abuse in the Armed Forces is a problem that greatly concerns Secretary of Defense Harold Brown and me. There is no subject that commands a higher priority for us than the health and readiness of our military personnel. To the extent that the use of drugs affects either, we are determined to contain it and control it. We care about this matter very much.

The important questions do not revolve around the mere existence of a problem, but instead, around three concerns:

- First, the magnitude of the problem—how prevalent is the use of drugs among military members?
- Second, the effects of the problem—are our deterrent and fighting capabilities noticeably diminished by drug abuse?
- Third, the quality of our efforts to deal with drug abuse—are we doing our best to prevent, detect and treat the problem?

Turning first to questions of magnitude, there is no single indicator that can measure drug abuse, not even random urinalysis. The evidence that we have tells us that we have a drug abuse problem in the military, that it is a serious matter, but that it is not of epidemic proportions. Rather, there are "hot spots," such as Berlin, that warrant intensive efforts in addition to our on-going programs elsewhere. Our most recent survey tested 9,000 troops in Europe in January. It showed 1.5 percent of our personnel using opiates. Recent commander-directed urinalyses of 3,255 members of the Berlin Brigade came up with a 4.2 percent positive return. These figures do not suggest an epidemic, but they do underscore a serious problem.

Second, we do not have any evidence that drug use has generally impaired fighting readiness. Where isolated instances of such impairment have arisen, quick disciplinary and treatment action has and will be taken. There is no environment in which human nature is 100 percent free of bad judgment and bad habits. Our obligation is to prevent misconduct or incapacity, and to detect it and treat it where our prevention efforts have been unsuccessful.

Against this backdrop, I would like to address my third topic—our efforts to deal with the problem—at somewhat greater length. We make an enormous effort to combat drug abuse. Last year there were close to 1,800 Defense Department employees concerned primarily with drug abuse prevention and treatment. Several times this number of military police, investigative agents, laboratory technicians, psychologists, company commanders, and Defense Department policy-makers were concerned with this issue on at least a part-time basis.

In addition to our substantial on-going operations, Secretary Brown and I have initiated a 12-point program to improve our efforts. These 12 initiatives cut across all aspects of drug abuse control: from detecting and measuring abuse, to treating it, to enforcing our laws and punishing lawbreakers, to evaluating the effectiveness of our efforts.

I will now summarize our 12-point program.

Personnel Survey

Our first step is to design and administer a comprehensive personnel survey.

What is our drug problem?

Where is it?

What does it mean as regards the health and combat readiness of our troops?

Our current indicators are useful, and clearly better than those generally in use outside the military. But we can augment them and make them much more sophisticated. We have contracted for and already pretested a large-scale survey of military personnel that will inquire into:

- the frequency of drug use;
- the types of drugs that are used;
- the manner and circumstances in which drugs are taken;
- the times of day and kinds of locations in which military personnel are under the influence of psychoactive substances;
- the individual's professed reasons for taking drugs;
- the nature and intensity of a service member's dependency (if any) on them; and
- the member's assessment of the effects of drug use on his or her personal well-being and military job performance.

As a second step we are augmenting our existing devices for assessing the extent and location of drug problems by engaging the help of the Center for Disease Control's Epidemiologic Intelligence Service. The Intelligence Service has developed statistical techniques which analyze data on

The dilated eye of the drug abuser holds the grim story of the addict: opium poppies are harvested, refined into heroin, and smuggled to the user who injects the drug into a vein which may result in overdose and possible death.

the distribution of an array of cases—for example of an unlabelled fever—and from that data predict both populations likely to be suffering from the problem and likely source of contamination.

These techniques, though typically applied to disease, can also be applied to drugs. They are particularly attractive to us because they can backstop commanders' field judgments. When we have a scattering of cases of drug abuse, the statistical studies of the epidemiologist can indicate whether and where those cases are numerous enough to trigger more intensive survey and investigative mechanisms. To take advantage of this science, we have arranged for a field investigator from the Center for Disease Control immediately to begin work on the incidence-data that we currently have, and to suggest such other data that we may need.

Our hope is that with these more sophisticated insights, the utility and frequency of our urinalysis surveillance will increase. Consequently, in the year ahead, we have allocated resources for as much as a doubling of our urinalysis program. In consonance with this effort, future use of

DEFENSE news briefs

Doctor Recruiting Contract Awarded

DoD has awarded a contract to MED-SEARCH, a medical recruiting consulting firm in Washington, D.C., to sign up doctors for duty in the Armed Services.

Defense expects the fee will be $9,951.66 per physician who is successfully recruited for one of the three medical corps.

This is a pilot test program addressed at overcoming the acute shortage of doctors in the Armed Services.

DoD Wants OK to Deal Directly with Allies

DoD has asked Congress for authority to deal directly with other NATO governments in getting logistical support from allies under NATO's standardization and interoperability program.

Current American law specifies obtaining support from allies through contracts or foreign military sales, contracts that do not differentiate between commercial contracts and governments.

Puerto Rico Guard At 111 Percent

The Army National Guard in Puerto Rico is so alive and well at 111 percent of its authorized strength that the Army is adding another infantry battalion to the 92nd Infantry Brigade's force structure there.

The new add-on battalion is expected to be ready in about two to three years. Its initial cadre will come from 92nd overages. The Army Guard in Puerto Rico has a record of sustaining personnel strength at high percentage figures over an extended period.

Navy Downgrades Three-Star Posts

Navy is down-grading three "three-star" billets to "two-star" positions—Chief of Naval Reserve, Chief of the Naval Education and Training, and Superintendant of the U.S. Naval Academy.

The Annapolis post was down-graded by Navy administrative action but the other two posts were lowered as a result of congressionally imposed requirements.

All three vice-admiral incumbents will retire or be reassigned. Their replacements already named are Rear Admirals: Frederick F. Palmer, as Chief of Naval Reserve; Paul C. Gibbons as Chief of Naval Education and Training, and William P. Lawrence as Superintendent of the U.S. Naval Academy.

Because of Congressional requirements, the Navy earlier reduced the posts of CINCUSNAVEUR from four to three stars and the posts of Chief of Staff, SACLANT, and Commander, Taiwan Defense Command, from three stars to two. These reductions also were made at the normal change of command.

JCS Photos Needed

The Joint Chiefs of Staff (JCS) Historical Division is seeking photographs of JCS activities for a pictorial record that is being compiled for future publication.

Particularly needed are photos or snapshots of past and recent JCS groups, including individual members, in connection with combat operations or overseas activities.

Such pictures, with accompanying explanations of the persons and events involved, should be sent to: Historical Division, Office of the Secretary, JCS, Wash., D.C. 20301.

AWOL, Deserter Apprehension

The Military Departments and the Defense Investigative Service (DIS) are taking the lead in efforts to apprehend military absentees and deserters.

The Department of the Army also is drafting relief legislation to raise the payments to local authorities who apprehend AWOL personnel and deserters, now at a maximum of $25.

Payments cannot be made to the Federal Bureau of Investigation, which has notified DoD it will no longer pick up absentees or deserters on a routine basis unless they are involved in more serious crimes.

command-directed urinalysis will be done using tighter procedures so as to minimize the possibilities of biased sampling.

I should like to emphasize that in this program, unlike the individual detection programs, our primary focus is assaying the scope and magnitude of drug use rather than identifying individual abusers. When used in conjunction with the traditional measures—arrest rates, law enforcement intelligence, admissions for treatment, etc.—the epidemiologic approach will increase our data base to give a truer picture of the prevalence of drug abuse in the military.

Reporting System

As a third measure the Defense Department has directed the redesigning of our drug reporting system to allow for more uniform, and more ready access to, trend data. We expect such uniform data systems to be in the field by early fall.

Similarly, OSD has directed the Office of Health Affairs to examine possibilities for adopting the detection/reporting procedures of the Drug Enforcement Administration's Drug Abuse Warning Network, Project DAWN. This project would enable us to systematically receive and analyze data on all drug abuse episodes that enter any Defense medical facilities.

Portable Devices

As a fourth measure we have directed accelerated testing of portable urinalysis equipment.

We want these tests to be completed by the end of this year and to be accompanied by the recommendations of the Military Departments on which situations and locations would profit from on-site analysis using portable equipment. On-location analyses with this equipment will give us rapid answers, but at some expense to our quality-control procedures. We are, therefore, looking to the discriminating use of these portable devices to optimize the balance between "quick answer" needs and reliability of the answers given.

Number of Actions

As a fifth step, Secretary Brown and I have directed a number of actions to reemphasize to our command and medical personnel the significance that we attach to curtailment of drug abuse. We have asked the Drug Abuse Office in the Office of the Secretary of Defense, together with the relevant Service staffs, to visit all major commands this summer, and I will personally review our program when I am in Germany in September for the Reforger exercises. We have also directed all major commands to institute mandatory seminars on drug abuse and detection for both Service members and their families. Gen. Alexander Haig has already conducted one such drug abuse seminar for all European headquarters commanders. Our educational program, manifested by the films, pamphlets and books, remains ambitious and professional.

Dependent Concern

Our concern for the possibility of drug abuse among dependents has given rise to a sixth set of initiatives. Military dependents abroad have access to drug abuse treatment in the same way that they have access to general medical treatment—on a space-available basis. If the primary clientele/active military and civilian employees—are not preempting treatment facilities, dependents are permitted to take advantage of them.

Since our dependents—like our military members—are drawn from a general population which has some drug abuse problems, we have to assume in the absence of good data that some comparable percentage of our dependents abuse drugs and need treatment. We, frankly, do not know at this time whether our space-available program adequately responds to these people in all, most, or only some locations. This is not an acceptable situation.

Accordingly, we have directed our Health Affairs and Manpower staffs to work with the military departments to identify resourceful and practical ways by which we can:

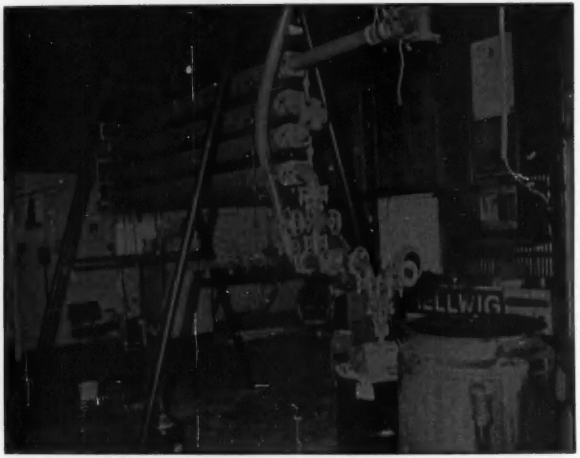
- get as accurate a measurement as possible of the extent of drug abuse by dependents; and
- get some useful sense of how well our existing programs are responding, and whether changes in the space-available policy should be made, at least in some geographical locations.

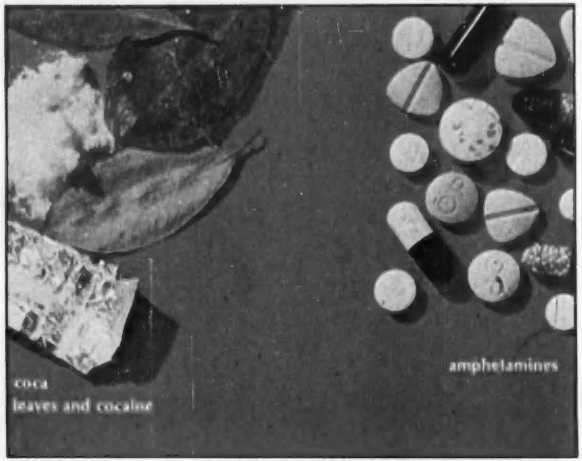
In recent years, the law enforcement aspect of military drug abuse control has not been given the prominence that Secretary Brown and I believe it should have. Accordingly, as a seventh measure, we are establishing a DoD task force to review investigative procedures, criminal intelligence, interdiction techniques, and staffing levels to determine whether (and where) we need more—and different types of—law enforcement personnel. Where we need agents, they will be assigned.

Follow Through

Along these same lines and the eigth step, we are looking into the

The display at left is paraphernalia for cannabis abuse including a glass apparatus for smoking hashish oil (above photo), pipes for smoking hashish and marihuana and a variety of "roach holders" used to hold marihuana cigarettes when they burn low.





Phencyclidine (PCP) is produced in clandestine laboratories such as the one in the top photo. Cocaine and amphetamines (bottom photo) produce mood elevation and a heightened sense of well-being. Cocaine is the strongest stimulant of natural origin.

investigative and prosecutive follow-through in the United States of arrests made on military installations. Civilians (employees, dependents, and transients) apprehended on military installations for drug abuse must be turned over to civil authorities for further investigation and prosecution.

In the United States an arrest is normally turned over to the Drug Enforcement Administration for follow-up investigation and prosecution by the U.S. Attorney. On bases with joint federal-state jurisdiction the cases are turned over to local prosecutors. We want to be sure that these cases are adequately investigated and prosecuted so that they complement our own enforcement efforts.

The DoD task force that is reviewing our investigative capacities will also examine what happens to civilians whom we apprehend for drug trafficking on our installations. I have discussed this subject with the Deputy Attorney General and have met with other Department of Justice and Drug Enforcement Administration officials. All have pledged their complete cooperation and assistance.

Berlin Task Force

A ninth step need not await further analysis—that is the establishment of a Berlin Task Force designed to focus on the singular problems of that free port. We have joined with the Drug Enforcement Administration, the German Police, and the Allied Forces Police to coordinate and enhance our anti-drug efforts in West Berlin. We have already given that force additional resources and we are committed to providing it with top management support.

The cooperation that we are getting from the Berlin Police is excellent. They have doubled their narcotics police force, and so far this year have seized more than five times the heroin and arrested more than three times as many persons on drug charges as in the same period last year.

Our 10th initiative relates to Department of Defense research on drug matters. Neither Secretary Brown nor I believe that DoD should be (or could usefully be) in the business of primary research on drug abuse toxicity, hazards, or socio-psychological consequences. Those kinds of research questions are best left to other agencies that are better positioned to do them.

This does not mean, however, that we have no contribution to make. We have directed the Office of the Assistant Secretary of Defense for Health Affairs to synthesize, interpret, and where necessary, extend scientific understanding of the consequences of different kinds and patterns of drug use. We are asking them to provide us with a report by next June 30, which will provide the best possible understanding of the relationship between drug usage and military performance.

Evaluation

The 11th initiative relates to *evaluation* of our efforts. Here as elsewhere in the drug world we are on tenuous, controversial grounds. What works—in law enforcement, in education, in treatment? There will be no be-all, end-all answer at the end of our examination of these questions in the coming year. No one, inside or outside the military, has universal answers. We are committed to using our very best efforts to find out, however, knowing full well that reasonable, well-intentioned people can differ with the results of any evaluation of a program that attempts to treat human misbehavior.

We have instructed the Health Affairs staff to work with the Services and with agencies such as HEW, its National Institute of Drug Abuse, and law enforcement organizations to develop and test the best in practical evaluation criteria that our Nation has to offer. We have also directed our health affairs office to recruit an additional professional to be dedicated full-time to program evaluation.

Increasing Personnel

As a 12th and critical initiative, we are committed to increasing the number and quality of personnel in the Office of the Secretary of Defense who have an acknowledged expertise and a clear responsibility for matters relating to drug abuse in the military. Secretary Brown has taken a most important step in this regard by forwarding to the White House our recommendation of a physician to assume the position of Assistant Secretary of Defense for Health Affairs. One of the strengths of the man Secretary Brown has selected is his keen interest in and extensive experience with drug abuse issues.

Our concern is great enough in this area to warrant a yet more immediate step and, moreover, one that will provide the new Assistant Secretary with a pre-existing in-house expertise in drug abuse matters. We are appointing a distinguished general officer as the Special Assistant for Drug Abuse to the Assistant Secretary of Defense for Health Affairs. He will immediately begin work in our health affairs office to implement the initiatives that I have described.

Let me reiterate, in conclusion, that we in the Department of Defense do think we have a serious problem and we are doing, and will continue to do, everything we possibly can to minimize the problems of drug

NASA Technicians work with the No. 2 HiMAT (Highly Maneuverable Aircraft Technology) aircraft. The airplane is unpainted, showing the graphite epoxy composite material on its surfaces, because it initially will be used in an extensive ground test program to support the flight tests of the No. 1 HiMAT. Both aircraft were designed and manufactured by Rockwell International's Los Angeles Division.

New TV Bombs

Air Force is developing different versions of the so-called GBU-15 Modular Guided Weapon System—the TV camera guided 2,000 pounder used by tactical fighters in the last days of the Vietnam War.

The Cruciform Wing Weapon (CWW), with its fins fore and aft, was developed in 1974, but new technology allows an indirect glide phase to extend stand-off range. The operator still can lock the bomb on to the target or fly to it manually. Some 50 launches already have been made in the new mode but no production decision has been reached.

Yet another TV bomb is the GBU-15 (V) B Planar Wing Weapon (PWW), which has glider-like wings to provide long range stand-off. With both radar and TV guidance, the PWW would also be suitable for use on B-52s as well as F-4s.

PWW tests for the B-52 are expected to be completed by October 1978 and September 1979 for the F-4.

Tests are being conducted at the Armament Development and Test Center (ADTC) at Eglin Air Force Base, Florida.

THIS DOCUMENT DOES NOT CIRCULATE

CHANGE OF COMMAND

Air Force Chief of Staff Gen. Lew Allen, Jr., presents the Cheney Award for valor and extreme fortitude to SSgt. James T. Carter.

HONORS

SSgt. James T. Carter, USAF, won the Cheney Award for valor and extreme fortitude. Carter braved fire and exploding ammunition to save the lives of two crewmen after their F-4 fighter crashed April 27, 1978. He is a UH-1N helicopter aerial gunner and is assigned to the 1st Special Operations Wing of the Tactical Air Command at Hurlburt Field, Florida.

ASSIGNMENTS

Adm. Maurice F. Weisner, USN, has been extended in his present assignment as Commander-in-Chief, Pacific. Admiral Weisner became Commander-in-Chief, Pacific, on Sept. 1, 1976. His one year extension will end on Aug. 31, 1979.

VAdm. Harry D. Train, II, commander, Sixth Fleet, has been named Supreme Allied Commander, Atlantic, effective Oct. 1, 1978. He has also been nominated for promotion to admiral.

APPOINTMENTS

RAdm. Thomas E. Morris, USNR, and Maj. Gen. John E. Lacy, USAFR, have been appointed to three-year terms as members of the Reserve Forces Policy Board.

RETIREMENTS

Adm. Isaac C. Kidd, USN, Supreme Allied Commander, Atlantic, has been placed on the retirement list in his present grade, effective Oct. 1, 1978.

Gen. Sam S. Walker, USA, Commanding Gen., Allied Land Forces Southeastern Europe, has been nominated for retirement in his current grade effective Oct. 1, 1978.

Vice Admiral Train

abuse. The 12 initiatives I have addressed will, we hope, have a positive impact.

In order to insure that Secretary Brown and I have the best possible advice and counsel brought to bear on this problem, we are retaining the services of three eminent public citizens who have nationally recognized expertise in the field. These three persons will advise the Secretary and me directly on the progress and prospects of our drug abuse program, and give us their personal evaluation of the initiatives we are undertaking.

This is a program that means a great deal to me, to Secretary Brown, to the entire Office of the Secretary of Defense and, most certainly, to the Military Services.

COMMAND

Vol. 1, No. 4, October 1978

A publication of the Department of Defense to provide official and professional information to commanders and key personnel on matters related to Defense policies, programs and interests, and to create better understanding and teamwork within the Department of Defense. Published monthly by the American Forces Press Service, 1117 N. 19th St., Arlington, Va. 22209, a unified activity of the American Forces Information Service, OASD (PA). Reproduction of content is authorized.

Telephone: (202) OXford 4-5070
Autovon 224-5070

(COVER) The opium poppy, papaver somniferum, is shown under cultivation.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Subscription Price: $17.00 domestic per year; $4.00 additional for foreign mailing; 65 cents per single copy.
U.S. GOVERNMENT PRINTING OFFICE 261-629/V-4